Block 5

Analysis of Wandering Patterns of Individuals with Alzheimer's

The project has been approved by George Mason University's Institutional Review Board (1052716-1). Our team follows strict procedures to protect confidentiality and privacy of all participants. Data are stored and analyzed in secure environment with strictly controlled access. Additionally, participant identifying information are separated from rest of the data, and used only for contact when repeated survey is needed.

Contact Information
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Administrative

Serial number of the assigned SmartSole (to identify participant)

[   ]

Contact information for re-survey (email preferred)

Participant Demographics

Age

Gender

○ Male

○ Female

Race

○ Asian

○ Black

○ White

○ Pacific Islander

○ Other

Wandering/Getting Lost

In the past two months, how many times the participant wandered/has been lost?

0	1	2	3	4	5	6	7	8	9	10

Select:

When was the last time the participant was lost?

[ ]

Provide a brief description of what happened:

[ ]

Overall, how often the participant gets lost?

[ ]

Schedule

Who mainly takes care of the participant, provide description?

[ ]

Overall, describe what level of supervision the participant is receiving that may prevent the incidents of getting lost.

[   ]

Is there routine weekly schedule for the participant, if so what are the typically visited
places, and when?
For example:
shopping, every Tuesday morning.
physical exercise class, Mondays and Wednesdays afternoons

[   ]

Health Status

What is the current Alzheimer's stage of the participant?

○ Stage 1

○ Stage 2

○ Stage 3

○ Stage 4

○ Stage 5

○ Stage 6

○ Stage 7

○ Don't know

When was the participant first diagnosed with AD (provide approximate date)?

Month	[⬍]
Day	[⬍]
Year	[⬍]

Block 8

Does the patient have a tendency to shadow others?

○ Yes

○ No

○ Don't know

Does the patient exhibit exploratory behavior (door knobbing, etc)?

○ Yes

○ No

○ Don't know

Does the patient get restless/anxious if left alone?

○ Yes

○ No

○ Don't know

Block 9

Does the patient appear to have difficulty relaxing?

- ○ Yes
- ○ No
- ○ Don't know

Does the patient appear to be restless and fidgety most of the time?

- ○ Yes
- ○ No
- ○ Don't know

Does the patient appear to be under a compulsive need to keep moving?

- ○ Yes
- ○ No
- ○ Don't know

Block 10

Does the patient constantly seek out the presence of someone nearby?

- ○ Yes
- ○ No
- ○ Don't know

Any identifiable antecedents or triggers to the wandering behavior? Please Describe.

Does the patient exhibit any misidentification behavior such as not recognizing his home as his own home and demanding to go home constantly?

○ Yes

○ No

○ Don't know

Block 11

Is the patient in pain or appear to be in any physical discomfort?

○ Yes

○ No

○ Don't know

Is the patient incontinent of bowel and bladder?

○ Yes

○ No

○ Don't know

Are there symptoms of urinary urgency?

○ Yes

○ No

○ Don't know

Is the patient constipated?

○ Yes

○ No

○ Don't know

Block 12

Provide information about other medical conditions of the participant:

	Condition		Since When?
	Yes	No	Year of Diagnosis
Myocardial Infarction	○	○	
Congestive Heart Failure	○	○	
Peripheral Vascular Disease	○	○	
Cerebrovascular Disease	○	○	
Dementia	○	○	
Chronic Pulmonary Disease	○	○	
Rheumatologic Disease	○	○	
Peptic Ulcer Disease	○	○	
Mild Liver Disease	○	○	
Diabetes	○	○	
Diabetes with Chronic Complications	○	○	
Hemiplegia or Paraplegia	○	○	
Renal Disease	○	○	

	Condition		Since When?
	Yes	No	Year of Diagnosis
Moderate or Severe Liver Disease	○	○	

Block 13

List of current medications the patient is on (several side effects on medications can cause wandering behavior such as restlessness/akathisia, confusion, constipation, polyuria, abdominal cramps/diarrhea, anxiety, insomnia, etc.)